LOBBYING REGISTRATION FORM

Business or purpose Industry Tracels Corners

Does this person pay you? Yes

If No, who pays you?_

To be used for initial registrations and renewals.

Lobbyist's Registration Number

	3,00	FOR OFFICE USE ON
lns(_{FII} :	ndia	Postmark Date: 1 5 - 6
Print in ink or type.	euons	Yer
 Complete form and return with \$10 re; 840! United Plaza Bivd., Suite 200 Bi 922-1400 or (800) \$42-6630. Initial registrations must be submitted lobbyist or (2) first action requiring re- 	within 5 days of (i) employment as a	14 3975 1130 1130
31. 1. NAME Ruppenicker	ditted between December 1 and January Divid W.	1991576
2. BUSINESSPHONE_ (318)378 Ates Co	de and Phone Number	
3. BUSINESS ADDRESS 3000 K Street ap	ilpatrick Bluel, Manual L/	9 <u>. 7(20/</u> Zip
MAILING ADDRESS SCAME Street an	on) State	
4. EMPLOYER Louis, and C	often Association	S
5. EMPLOYER'S ADDRESS 3000 / Stre	Kilpshaid Rlud, Manage LA.	71201 S
(d) whether or not the client or someone	sups, or organizations which you represent; (b) the a of business each is engaged in or the purpose or func- cise pays you to lobby.	ddress of each such person, gibbp, or tion of the organization or group;
1. Name Louisiana Co	Hon Association	
Address 3000 K. 1 poolni	ek Blud. Morract, LA. 7	1201

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2,	Name
	Address
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	If No, who pays you?
3.	Name
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	Rusiness or purpose
	Does this person pay you?
	If No, who pays you?
4.	Name
	Address_
	Business or purpose
	Does this person pay you?
	If No, who pays you?

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

